

Vermont Agency of Human Services
Vermont Department of Health, Division of Alcohol and Drug Abuse Programs
Vermont Residential Treatment Programs - Discharge Planning

PURPOSE

To support and implement, to the extent practicable and where appropriate, protocols for the discharge of persons from **Vermont Residential Substance Abuse Treatment Programs** in order to prevent such discharge from immediately resulting in homelessness; to clarify current practices and promote greater housing stability for all persons served by the system of care.

MISSION

“No AHS program or service can achieve its goals for clients if those clients are homeless or at risk of homelessness. The highest priority for AHS housing efforts is to end homelessness in Vermont. All departments shall be attuned to the housing needs of clients and ensure that their programs support housing stability.” – AHS Policy on Housing Stability

To help reduce the incidence of homelessness in Vermont, the Department of Health, Division of Alcohol and Substance Abuse Programs has developed the following procedures, programs and services to support people transitioning from residential substance abuse treatment to the community.

DEFINITIONS

The terms *Homeless* and *At Risk of Homelessness* are defined in the Vermont Agency of Human Services Housing Stability Policy. In general, an individual exiting a publicly-funded institution or system of care is deemed At Risk of Homelessness if their annual income is below 30% of county median and they lack sufficient resources or support networks to prevent them moving to an emergency shelter, the street, or another place not meant for human habitation.

Discharge planning is defined as the process of determining continued needs upon exiting the residential setting. This plan is developed between the individual, their treatment team as well as the receiving agency(s) if lower levels of care are indicated.

PROCEDURES

Individuals admitted to residential treatment are assessed to determine that they meet Level of Care criteria as defined by the American Society of Addiction Medicine (ASAM) criteria. Individuals receive 24 hour a day treatment services and monitoring, including access to, at minimum, consultative medicine and medication support and supervision through qualified nursing staff. ADAP, at present, does not require prior authorization for admittance to residential treatment. The ASAM Criteria defines six domains of functioning for review as part of the admissions and treatment needs process to support programs determining the appropriate level of care for individuals seeking addiction treatment.

Referrals for on-going care in a multitude of areas are common, including medical, self-help, outpatient substance abuse and mental health care and housing supports. There are often times when stable housing is not an option which can have profound effects on the planning process. In those situations, individuals may be discharged to live with family, friends or shelter providers in the interim while functional needs and/or availability are addressed. Individuals in substance abuse care are subject to the protections consistent with other medical conditions with regard to loss of employment or other Americans with Disability Act protections.

Currently, individuals who are uninsured or insured through Medicaid and seeking care at Vermont residential treatment programs are entitled to care for up to 15 days per treatment episode without any concurrent utilization insurance review, until the individual seeks their 3rd admission within 12 months, at which time prior authorization is required. For individuals for whom the provider is seeking greater than a 15 day stay, ADAP clinical services staff perform a concurrent review of the clinical situation with the provider to determine continued medical necessity and to authorize payment based upon either the continued medical necessity or contingent upon an agreed change of treatment plan. Within this discussion, stable housing is an on-going part of the discharge discussion.

Status: *Implemented*

PROGRAMS AND SERVICES

VDH/ADAP funds 66 transitional living program beds throughout Vermont for individuals and families unable to return to housing for any variety of reasons. Of the 66 funded beds, 11 are specifically designated for families seeking recovery from substance use

disorders. The transitional programs also offer support services to enhance recovery efforts.

Residential treatment staff are aware of privately sponsored “sober living” options for individuals discharging from residential programs and make referrals to these programs as is clinically indicated. Sober support systems such as the Vermont Recovery Network are also funded to support addiction recovery to reduce the potential for future homelessness.

Status: *Implemented*

EVALUATION OF EFFECTIVENESS

As Vermont’s homeless Continuum of Care implement a system for coordinated intake and assessment, the Agency of Human Services and local Continuum will seek to incorporate an evaluation of the effectiveness of homeless discharge planning for various systems of care into the standard client intake.

Status: *In Development*

COMPLIANCE AND MONITORING

Overall responsibility for ensuring compliance with the above policies or procedures rests with the department. To ensure a consistent and comprehensive approach, the Agency of Human Services Secretary’s Office may provide individual departments with direction, support and consultation as needed. Additionally, the Governor’s Council on Homelessness may provide feedback on these policies or procedures and their effectiveness in preventing routine discharge to homelessness.